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7590

03/25/2004

JACK V. MUSGROVE 2911 BRIONA WOOD LANE CEDAR PARK, TX 78613



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Jack V. Musgove	(Depositor's name)
Jed V. Mylon	(Signature)
June 24, 2/004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/018,074	03/12/2002	Xavier Guy Bernard d'Udekem d'Acoz	BGC002	3661

TITLE OF INVENTION: CARD MEMORY APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$0	\$665	06/25/2004
EXAM	INER	ART UN	IT	CLASS-SUBCLASS	7	
NGUYEN, TAN		2818		365-063000	_	
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		of a single attorney or 2	V. Musgrovi	

been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

Xavier d'Udekem d'Acoz

Waterloo, Belgium

lease check the appropriate assignee category or categories (will not be printed on the patent);			□ corporation or other private group entity	☐ government	
a. The following fee(s) are enclosed:	4b. Payment of Fee(s):				
☑ Issue Fee	A check in the amount of the fee(s) is enclosed.				
☐ Publication Fee	☐ Payment by credit of	card. Form PTO-2038 is attached.			
Advance Order - # of Copies 4	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2053 (enclose an extra copy of this form).				
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